

Department of Building Safety Inspection and Enforcement

210 Plandome Road, Manhasset, NY 11030-2327 Tel. (516) 869-6311 Fax. (516) 869-7662 www.northhempsteadny.gov

REQUIREMENTS FOR A DEMOLITION PERMIT

(pursuant to Chapter 2 of the Town Code)

The following items must be submitted with your application for a demolition permit:

- 1. Application form in triplicate.
- 2. Affidavit of ownership on front of form must be completed.
- 3. Survey of property showing location of structure to be removed with spot elevations and topographic information adequate to provide pre-existing elevation information for any new structure that will be located on the property.
- 4. Name, address, and updated certificate of insurances of contractor. See attached insurance forms. If the U26.3 form is used for W/C, it **MUST** state demolition is included for coverage.
- 5. Permit filing fee:
- Residential one and two family\$250 for a building or structure or part thereof
- Residential multifamily\$250 for a building or structure or part thereof
- Residential accessory structure......\$150 for a building or structure or part thereof
- Commercial......\$350 for a building or structure or part There of. If the demo is a necessary part of an alteration or which a permit has been issued, no additional fee shall be required.
- Commercial accessory structure......\$250 for a building or structure or part thereof. If the
 demolition is a necessary part of an alteration for which a
 permit has been issued, no additional fee shall be
 required.
- 6. Photographs of all elevations of building(s) to be demolished

Please be advised that <u>ALL</u> DEMOLITION PERMIT APPLICATIONS shall include a survey that provides spot elevations at a minimum of the following locations:

- Each corner of the structure(s) to be demolished
- Each change in direction in the property line
- A minimum of every 25' along each property line

The following items must be submitted <u>prior</u> to the issuance of a Demolition Permit:

- Letters of disconnect:
- LIPA (gas and/or electric as needed)
 - Where an accessory structure will not require a LIPA disconnect, please submit a letter from an electrician that all electric has been disconnected (example: a detached garage).
- Water District
- Sewer District
- Nassau County Department of Health Certificate of Rodent Free Inspection (expires 10 days from issuance date. PLEASE WAIT TILL WE NOTIFY YOU THAT YOUR PERMIT IS PENDING BEFORE GETTING THE RODENT LETTER AND SUBMITTING IT TO US.

Department of Building, Safety Inspection and Enforcement 210 Plandome Road, Manhasset, NY 11030 Tel 516-869-6311 Fax 516-869-7662 www.northhempsteadny.gov

| Application Number | |
|--------------------|--|
| Permit Number | |
| Certificate Number | |

APPLICATION FOR A DEMOLITION PERMIT

Issued Pursuant to §2-9 of the Code of the Town Of North Hempstead

| Section: | Block: | | Lot (s): | | | Date: |
|---------------------------------------|-------------------------------------|----------------|--|--------------------------------|---|---|
| Owner of Prop | erty For Dem | olition Acti | ivity: | | | |
| | | | | | Corp Name: | |
| Address: | | | | | City: | |
| State: | Zip: | Tel #: | | Fax# | | Cell: |
| Owner of Prope | rty's Current I | Iome Addre | 988* | | | |
| | • | | | | Corn Name | |
| | | | | | | |
| State: | Zip: | Tel #: | | Fax# _ | | Cell: |
| Contractor' Bus | iness Informat | ion· | | | | |
| Last Name: | mess miormat | First N | Name: | | Corp Name: _ | |
| Address: | | | | | City: _ | |
| State: | | Tel #: | | Fax# _ | | Cell: |
| Reason For Der | nolition: | | | | | |
| knowledge and bel | described and se ief, and; there is | no asbestos in | being application and the above refe | it of Owr | n, deposes and so the statements in ding / structures | ays that he / she is the owner of the hathis application are true to the best of my to be demolished, and; if any asbestos is cose of the asbestos in accordance with all |
| Signature of Owne | r: | | | | | |
| Sworn to me this _ | day of | | _ , 20 | | | |
| Signature of Notary | y Public: | | | | | |
| | | | Affidavit | of Contra | actor | |
| State of New York County of Nassau | , | | | | | |
| there is no asbestos | in the above refe | renced buildir | t forth in this ap | oplication to to the best o | o demolish the b of my knowledge | ys that he / she has an agreement with the uilding / structures on the property, and; and belief, and; if any asbestos is cose of the asbestos in accordance with all |
| Signature of Owner | r: | | | | | |
| Sworn to me this _ | day of | | _ , 20 | | | |
| Signature of Notary | v Public: | | | | | |

This permit application must be accompanied by the following:

- 1- Current survey of the subject property identifying the building or structures to be removed;
- 2- Survey requirements for total demolition shall include spot elevations at the existing building(s) corners, spot elevations along the property lines at 25 foot intervals and spot elevations at every change in property line direction;
- 3- Letter of water disconnect from the water district;
- 4- Letter of sewer disconnect;

Parallel Permits:

- 5- Letter of electric and gas disconnect from LIPA / National Grid
- 6- Letter of rodent inspection from the Nassau County Department of Health;
- 7- Certificates of insurance to include Worker's Compensation, Disability and General Liability to include Demolition Insurance. A NY State Insurance Fund U-26.3 worker's compensation form must state that demolition insurance in included, and the actual address of the demo site must be stated on the U26.3 form. (Please see insurance requirements sheet attached.)

This permit is issued subject to the following conditions:

- 1- Contractor shall call building inspector PRIOR to the commencement of any demolition activity;
- 2- Demolition debris shall be removed from the site promptly and shall be disposed of at an approved site for the material in question;
- 3- Appropriate mitigating measures shall be employed before, during and after the demolition to control the generation of fugitive dust, storm water run-off and erosion;
- 4- A suitable construction fence shall be erected and maintained around the perimeter of the premises before, during and after the demolition process to be removed ONLY upon approval of the Commissioner of Buildings or his authorized representative

Permit Number:

Inspector:

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

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| ****** | | | |
| | | | |
| Demolition - Final Inspection Date: | Inspector S | ignature: | |

Type:

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| | | | | | Corp Name: | |
| Address: | | | | | City: | |
| State: | Zip: | Tel #: | | Fax# | | Cell: |
| Owner of Prope | rty's Current I | Iome Addre | 988* | | | |
| | • | | | | Corn Name | |
| | | | | | | |
| State: | Zip: | Tel #: | | Fax# _ | | Cell: |
| Contractor' Bus | iness Informat | ion· | | | | |
| Last Name: | mess miormat | First N | Name: | | Corp Name: _ | |
| Address: | | | | | City: _ | |
| State: | | Tel #: | | Fax# _ | | Cell: |
| Reason For Der | nolition: | | | | | |
| knowledge and bel | described and se ief, and; there is | no asbestos in | being application and the above refe | it of Owr | n, deposes and so the statements in ding / structures | ays that he / she is the owner of the hathis application are true to the best of my to be demolished, and; if any asbestos is cose of the asbestos in accordance with all |
| Signature of Owne | r: | | | | | |
| Sworn to me this _ | day of | | _ , 20 | | | |
| Signature of Notary | y Public: | | | | | |
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| | | | | | Corp Name: | |
| Address: | | | | | City: | |
| State: | Zip: | Tel #: | | Fax# | | Cell: |
| Owner of Prope | rty's Current I | Iome Addre | 988* | | | |
| | • | | | | Corn Name | |
| | | | | | | |
| State: | Zip: | Tel #: | | Fax# _ | | Cell: |
| Contractor' Bus | iness Informat | ion· | | | | |
| Last Name: | mess miormat | First N | Name: | | Corp Name: _ | |
| Address: | | | | | City: _ | |
| State: | | Tel #: | | Fax# _ | | Cell: |
| Reason For Der | nolition: | | | | | |
| knowledge and bel | described and se ief, and; there is | no asbestos in | being application and the above refe | it of Owr | n, deposes and so the statements in ding / structures | ays that he / she is the owner of the hathis application are true to the best of my to be demolished, and; if any asbestos is cose of the asbestos in accordance with all |
| Signature of Owne | r: | | | | | |
| Sworn to me this _ | day of | | _ , 20 | | | |
| Signature of Notary | y Public: | | | | | |
| | | | Affidavit | of Contra | actor | |
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TOWN OF NORTH HEMPSTEAD INSURANCE AND LICENSE REQUIRMENTS FOR A PERMIT

The Town of North Hempstead, Nassau County, and the State of New York, require that **NO** building permit may be issued until all current insurances and license information is presented for each permit.

FOR ALL CONTRACTORS: BEFORE EACH PERMIT CAN BE ISSUED), we require a copy of your current Nassau County Home Improvement License (this Nassau license is not necessary for commercial jobs or new home construction). Plumbers or Electricians need a copy of their current license. Proof of Insurance shall be submitted by all contractors, as follows: (a) Proof of Commercial General Liability insurance with completed operations (plus X.C.U. when applicable), to which the Town of North Hempstead has been added as additional insured; (b) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance or proof of the applicant not being required to secure same; and (c) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance or proof of applicant not being required to secure same.

STAND-ALONE PERMITS (such as plumbing, signs, fences, trees, etc; (any work not connected to a building permit), where there is a short review process must have all insurances attached at time of application submittal, or they will not be accepted). Explanation: Although the Town keeps computer records, records do not always reflect current coverage, so we require copies of all insurances at time of permit application to prevent any unnecessary delays. For submittals that will take longer to review (such as an addition, alteration, or new home), insurances don't have to be submitted until just before a permit is issued.

HVAC PERMITS will only be issued to companies, individuals, or plumber's that hold a Nassau County General Contractors License or a Nassau County Home Improvement License that includes HVAC work. A Nassau County license that states "Air Conditioning" or "Heating & Air Conditioning" is fine. We will be glad to check with Nassau County if there is a question as to coverage for HVAC work.

A **HOMEOWNER** can serve as his own GC on some work if it is only in the home that he currently occupies, using a **BP-1 form**.

A homeowner may also do plumbing work (except any gas related work) on his owner occupied home as well, but must first take a competency test we can provide upon request.

For a <u>Demolition permit</u>, a Nassau County Home Improvement License is required unless the entire foundation is removed and a NEW C/O will be issued.

Liability insurance is usually submitted on a standard "Accord" form. Some other forms may be acceptable. (Please note: by New York State Law, we can not accept NYS Disability and NYS Worker's Compensation coverage on the Accord form). What we can accept is stated below:

NEW YORK STATE INSURANCE REQUIREMENTS - General Municipal Law §125, WCL §57 & §220

The Workers' Compensation Law requires that before a New York State or municipal agency, department, board, commission or office issues any permit or license, they must be provided with the completed forms as shown below prior to permit issuance. This applies to all businesses with employees.

- 1) Form BP-1 (12/08) Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, <u>Owner occupied Residence</u> (This is the **ONLY** form available from the Town of North Hempstead). This form is used by a homeowner who will be doing most of the permit work himself, with no or minimal assistance of up to a total of 40 man-hours per week. This form must be signed and notarized.
- 2) Form CE-200 from Group A attesting to no need for either or both Workers Compensation and Disability Benefits Coverage (Note: If the CE-200 form does not exclude BOTH Workers Compensation and Disability Benefits Coverage you must supply a form from Group B and/or C that proves you have the coverage not exempted by the CE-200). This CE-200 form must be submitted with a specific site address for each permit, and the expected duration of the job. The form must have an original signature and date. No copies of this form will be accepted. If the CE-200 is not used or only partially used, then see #3 below
- 3) A form from either or both **Group B and Group C** (which has not been exempted by the CE-200 form).

The ONLY ACEPTABLE forms are as follows:

| Group | Form No. | Description |
|-------|------------------|---|
| A | CE-200 | Certificate of Attestation For New York Entities With No Employees and Certain Out of State Entities That New York State Worker's Compensation and/or Disability Benefits Insurance Coverage is Not Required. |
| В | C-105.2 (9-07) | Certificate of Worker's Compensation Insurance |
| В | SI-12 (10/03) | Certificate of Worker's Compensation Self Insurance |
| В | GSI-105.2 (2/02) | Certificate of Participation in Worker's Compensation Group Self Insurance |
| В | U-26.3 | New York State Insurance Fund Certificate of Work's Compensation Insurance (For demolition work, this form <u>must</u> state that demolition coverage is included) |
| | | |
| С | DB-120.1 (5/06) | Certificate of Disability Benefits Insurance |
| С | DB-155 (1/98) | Certificate of Disability Benefits Self-Insurance |

Effective September 9, 2007, all out-of-state employers with employees working in New York State are required to carry a full, statutory New York State workers' compensation insurance policy. An employer has a full, statutory New York State workers' compensation insurance policy when New York is listed in Item "3A" on the Information Page of the employer's workers' compensation insurance policy. It may be appropriate to contact your insurance broker, carrier or agent, check with your trade association, or conduct additional research to find the most appropriate insurance coverage for your company. In addition, a New York State workers' compensation policy may be obtained from the New York State Insurance Fund by calling 1-888-875-5790 and a disability benefits insurance policy may be obtained from the New York State Insurance Fund by calling 1-866-697-4332.